

215047611
70098

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 150	Agency Case No. B5-107220	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0700	POLICE NOTIFIED 0702	11/17/2015
B	40	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. West O	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	2	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	20	NAME OF INTERSECTING ROADWAY Hwy 77 on ramp				
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	2	VEHICLE NO. 1				
V1/N	2	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP	PHONE	LOCAL NO.	
G	5	OWNER	Edward H Miller	PHONE unknown	LOCAL NO.	V1/1 18
H	2	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	V1/2
V1/O	5	LICENSE PLATE	TE NO. FRP6902	YEAR (Plate Expires) 2016	STATE (Of Plate) TX	V1/3
V2/O	1	VEHICLE	2001 Dodge	MODEL Ram	BODY STYLE Pickup truck	COLOR black
I	7	VEHICLE ID NO. (VIN)	1B7HC16Y215136861	INSURANCE COMPANY	unknown	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
V1/P	8	VEHICLE NO. 2				
V2/P	1	DRIVER LICENSE NO.	V00187061	STATE (Of License) NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
J	12	DRIVER	SCOTT D KEMPKE	PHONE 402-570-7720	LOCAL NO.	V2/1 18
V1/Q	4	DRIVER ADDRESS	22205 S 96th, Holland, NE 68372	DATE OF BIRTH (MM / DD / YYYY) 04/05/1975	LOCAL NO.	V2/2
V2/Q	4	OWNER	SCOTT D KEMPKE	PHONE 402-570-3379	LOCAL NO.	V2/3
K	02	OWNER ADDRESS	22205 S 96th, Holland, NE 68372	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	V2/4
V1/R	4	LICENSE PLATE	PA NO. TJX285	YEAR (Plate Expires) 2015	STATE (Of Plate) NE	V2/5
V2/R	4	VEHICLE	2014 Ford	MODEL F/S	BODY STYLE 4 door Sedan	COLOR silver / chrome
V1/S	02	VEHICLE ID NO. (VIN)	3FA6P0G76ER152001	INSURANCE COMPANY	State Farm	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 3000
V2/S	02	TOWED TO	TOWED BY	POLICY NO.	0721830-C11-27C	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107220



Indicate
North
by Arrow



Unknown POI due to
vehicles being moved
from scene

Damage to vehicle 2

AGL: 1'8" - 3'7"
2'10" across rear
driver's side

NW 27th

Not To Scale

Witness 1

Witness 2

Hwy 77 on ramp

West O
Street

NW
22nd

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The driver of vehicle 2 reported that he was driving northbound from the Hwy 77 on ramp and had a green light. A vehicle went in front of him and as he was entering the intersection, his vehicle was struck by another vehicle traveling eastbound. The driver of vehicle 2 didn't see the vehicle that struck his vehicle due to it leaving the scene so quickly. Troy Webb was traveling eastbound in the inside lane and said that they had a red light. He observed vehicle 1 in the outside lane and saw the vehicle run the red light striking vehicle 2 in the intersection. This vehicle was coming off of Hwy 77 on ramp going northbound. Heather Waite reported that she was traveling in the inside lane of the Hwy 77 on ramp and she had a green light. Vehicle 2 was traveling in the middle lane of the Hwy 77 on ramp and he was going through the intersection when vehicle 2 struck the rear driver's side. Vehicle 2 then left eastbound. The suspect vehicle is ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Troy E Webb 3838 SW 91st, Denton, NE 68339	ADDRESS	PHONE 402-499-5197		
	NAME Heather J Waite 6141 S 42nd, Lincoln, NE 68516	ADDRESS	PHONE 402-479-7075		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	1	
1			X		West O Street		POINT OF IMPACT	08	POINT OF IMPACT	06	1	6	1	9	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
2	X				West O		MOST DAMAGED AREA	08	MOST DAMAGED AREA	06	2	4	2	2	ALCOHOL LEVEL TESTED	Y	N	Y	N
1	01	06 Turning left 07 Making U-turn				08	08	06	06	06	06	06	06	06	BAC LEVEL				
2	06	08 Entering traffic lane				08	08	06	06	06	06	06	06	06	ALCOHOL/DRUGS SUSPECTED	Driver No. 1	Driver No. 2		
01 Essentially straight ahead				09 Leaving traffic lane				02 03 04				1				1			
02 Backing				10 Parked				01 05				2				2			
03 Changing lanes				11 Slowing or stopped in traffic				08 07 06				4				2			
04 Overtaking/Passing				12 Other															
05 Turning right				13 Unknown															
OFFICER NO. 1254						TROOP/TEAM/BEAT NW				DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Lynette Russell						INVESTIGATOR SIGNATURE Approved by Officer Lynette Russell						DATE OF REPORT 11/17/2015							

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State of Nebraska			
Investigator's Motor Vehicle Accident Description Continuation Report Sheet <u>3</u> of <u>3</u>			
Local No./ District 150		Agency Case No. B5-107220	
DATE OF ACCIDENT (MM / DD / YYYY) 11/17/2015		PLACE OF ACCIDENT COUNTY Lancaster	STATE USE ONLY
		CITY Lincoln	
ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO. West O	

described as a darker colored 90's pickup with a trashbag on the driver's side window containing Texas plate FRP6902, which is registered to a black 2001 Dodge pickup to Edward H Miller. . A broadcast will be initiated for him and his vehicle.

OFFICER NO. 1254	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Lynette Russell		INVESTIGATOR SIGNATURE Approved by Officer Lynette Russell	DATE OF ACCIDENT 11/17/2015